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Hospice Services

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74024.227 Hospice Services (06/01/1987, 87-8)4.227.1 Conditions for Coverage4.227.1.1 Eligibility

———For a beneficiary to receive hospice coverage, all of the following conditions must be met:

(a) A physician must certify that the beneficiary is within the last six months of life; and

(a)(b) The beneficiary requesting hospice coverage has signed ~~Recipients of hospice care are required to sign~~ an election of hospice care which waives all other Medicaid coverage except the services of a designated family physician, ambulance service, and services unrelated to the terminal illness.

4.227.1.2 Conditions

(a) Hospice services to terminally ill recipients are covered in accordance with ~~Section 1905(o) of the Social Security Act~~ 42 U.S.C. § 1396d(o).

(b) Hospice services must be rendered by a Medicare-certified hospice provider and ~~be provided~~ in accordance with Medicare conditions of participation~~regulations~~.

(c) Children may receive hospice services concurrently with curative therapy.

4.227.1.3 Reimbursement

(a) Payment to enrolled hospice providers will be made at the daily rates set by Medicare for each provider. ~~The total number of days of hospice coverage is limited to 210 days.~~ Rates of payment and total reimbursement for hospice care will be made in accordance with Medicare reimbursement and audit principles.

(b) Medicaid will make no payment to the hospice provider selected by the Medicaid recipient for any services or supplies other than the hospice service.

(c) The hospice provider may not charge any amount to or collect any amount from the recipient or the recipient's family for a covered hospice service during the period of hospice coverage.

(d) Other than the provisions in section 4.227.1.1(b) and 4.227.1.2(c), no institutional provider (skilled nursing facility, hospital or intermediate care facility) will be paid for services while a member is receiving hospice services in its facility, including room and board.